PAGE 1/9

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Realtors Congressional Fund 430 North Michigan Avenue ADDRESS (number and street) (Check if address is changed) Chicago 60611-4011 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kpaschal@realtors.org (Check if address is changed) Optional Second E-Mail Address ijwaclawski@realtors.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00488742 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Flor, John, R, Mr., Type or Print Name of Treasurer Flor, John, R, Mr., [Electronically Filed] 01 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FEC Form 1 (Revised 02/2009) | Page 2 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TYPE OF COMMITTEE Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate info | rmation below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.) | , |
| Name of Candidate | |
| Candidate Party Affiliation Office Sought: House Senate | State President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized | d committee. |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization or | n line 6.) Its connected organization is a |
| Corporation Corporation w/o Capital Stock | Labor Organization |
| Membership Organization Trade Association | Cooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee) | Γ a separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6. |) |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fed | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca | proceeds for two or more political |
| Committees Participating in Joint Fundraiser | |
| 1. | ber C |
| 2. FEC ID numl | ber C |
| 3. | ber C |
| | per C |

| FEC Form 1 (Revise | ed 02/2009) | | Page 3 |
|------------------------------------------------------|--------------------------------------------------------------|-------------------------------|---------------------------------------|
| Write or Type Committee Na | _ | | |
| National Asso | ciation of Realtors C | ongressional F | und |
| 6. Name of Any Connected | d Organization, Affiliated Committee, J | oint Fundraising Representa | ative, or Leadership PAC Sponsor |
| National Association | of Realtors Political Action (| Committee | |
| | | | |
| Mailing Address | 430 North Michigan Avenue | | |
| | | | |
| | Chicago | | 60611-4011 |
| | CITY | STAT | TE ZIP CODE |
| Relationship: Connec | cted Organization 🗶 Affiliated Committee | e Joint Fundraising Repre | sentative Leadership PAC Sponsor |
| 7. Custodian of Records: le books and records. | dentify by name, address (phone numbe | r optional) and position of t | the person in possession of committee |
| Pascha Full Name | ll, Karen, , , | | |
| Mailing Address | 430 N. MICHIGAN | | |
| J | | | |
| | Chicago | IL. | 60611-4011 |
| Title or Position | CITY | STATE | ZIP CODE |
| Custodian of Records | | Telephone number | 312 329 - 8239 |
| Treasurer: List the name any designated agent (e.g.) | and address (phone number optional) ., assistant treasurer). | of the treasurer of the comm | ittee; and the name and address of |
| Full Name Flor, Jo of Treasurer | hn, R, Mr., | | |
| Mailing Address | PO Box 45 | | |
| | 424 2nd St | | |
| | Chetek | ı ı ı ı ı ı wı | 54728-0045 |
| Title or Decition | CITY | STATE | ZIP CODE |
| Title or Position Treasurer | | Telephone number | 715 925 - 2028 |

| . 20 101111 1 (111 | evised 02/2009) | | | Page 4 | |
|----------------------------------------------------------------------|-----------------------------------------------------------|-------|---------|----------|---------|
| | | | | | |
| Full Name of Designated Pierp | point, John, , , | | | | |
| Mailing Address | 430 N Michigan Ave | | | | |
| | | | | | |
| | Chicago CITY | STATE | 60611-4 | 4011 | |
| Title or Position Assistant Treasurer | Telephone numb | per | 312 | 329 - 82 | 60 _ |
| safety deposit boxes or Name of Bank, Deposit | tory, etc. | | | | 6 |
| Name of Bank, Deposit | | | | | |
| Name of Bank, Deposit | ory, etc. Morgan Chase | | | | 6 |
| Name of Bank, Deposit | ory, etc. Morgan Chase | NY | 20017 | | |
| Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York | NY | 20017 | ZIP CODE | |
| Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York CITY | | 20017 | ZIP CODE | |
| Name of Bank, Deposit Mailing Address Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York CITY | | 20017 | ZIP CODE | 6 |
| Name of Bank, Deposit Value of Bank, Deposit Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York CITY | | | | 5 |
| Name of Bank, Deposit Value of Bank, Deposit Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York CITY tory, etc. | | | | |
| Name of Bank, Deposit Wailing Address Name of Bank, Deposit | Morgan Chase 270 Park Avenue New York CITY tory, etc. | | | | |

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

01/07/19: Please be advised we are changing our Statement of Organization to reflect the name of our new Treasurer, assistant Treasurer and adding another bank.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address | (h). Joint Fundraisin | g Participant: | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------|----------------------------|
| Sanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afterly depository, etc. Second | 1. | | FEC ID number | C |
| At the propositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afterly depository, etc. | 2. | | FEC ID number | C |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC SILLINOIS RPAC FED Mailing Address 522 S Fifth St PO Box 19451 Springfield LL 62701-1822 CITY ▲ STATE ▲ ZIP CODE Connected Organization Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number – — Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. James of Bank, Depository, etc. | 3 | | FEC ID number | C |
| Mailing Address Septing field | 4 | | FEC ID number | C |
| PO Box 19451 Springfield IL 62701-1822 | | _ | draising Representative | e, or Leadership PAC Spons |
| Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Stanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. | | | | |
| Springfield Springfield STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone or other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. | Mailing Address | 522 S Fifth St | | |
| Relationship: CITY A STATE A ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. ame of Bank, epository, etc. | | PO Box 19451 | | |
| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — Telephone Number — Lanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. | | Springfield | | 62701-1822 |
| esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number — — — — — — — — — — — — — — — — — — — | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | esignated Agent: Identify | y by name, address (phone number – optional) | | |
| Telephone Number | | y by name, address (phone number – optional) | | |
| Telephone Number | Full Name | y by name, address (phone number – optional) | | |
| Telephone Number | Full Name | y by name, address (phone number – optional) | | |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, afety deposit boxes or maintains funds. ame of Bank, epository, etc. | Full Name | y by name, address (phone number – optional) | | |
| afety deposit boxes or maintains funds. lame of Bank, pepository, etc. | Full Name | CITY A | STATE A | ZIP CODE A |
| | Full Name | | | CTATE |
| | Address OR POSITION Other Deposito osit boxes or materials ank, etc. | CITY A | Telephone Nu | mber |
| | Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material depository, etc. | CITY A | Telephone Number | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| h). Joint Fundraisir | J | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| - | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 525 S. Virgil Avenue | | |
| | | | |
| | Los Angeles | CA | 90020-1403 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization X Affiliated Committee Join | nt Fundraising Representa | ative Leadership PAC Sp |
| | Affiliated Committee Join y by name, address (phone number – optional) | nt Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| esignated Agent: Identif | y by name, address (phone number – optional) | STATE | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| TITLE OR POSITION Banks or Other Deposite safety deposit boxes or more safety deposit boxes or more safety depository, etc. Mailing Address | pries: List all bar | nks or other depositories in v | Telephone Numb | er L | A process of the proc |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|----------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Banks or Other Depositors of Bank, Depository, etc. | pries: List all bar | | Telephone Numb | er L | |
| Banks or Other Depositors of Bank, Depository, etc. | pries: List all bar | | Telephone Numb | er L | |
| Banks or Other Depositorsafety deposit boxes or m | pries: List all bar | | Telephone Numb | er L | |
| Banks or Other Deposito | pries: List all bar | | Telephone Numb | er L | |
| | | | Telephone Numb | er L | |
| TITLE OR POSITION | [| CITY A | | | |
| TITLE OR POSITION | | CITY A | SIA | | ZIP CODE A |
| | | | | L ſE ▲ | 7ID CODE 4 |
| | | | 1 1 | . 1 1 . | |
| Mailing Address | | | | | |
| | | | | | |
| Designated Agent: Identif | y by name, addı | ress (phone number – option | al) | | |
| Connecte | ed Organization | X Affiliated Committee | Joint Fundraising Re | presentative | Leadership PAC Spo |
| Relationship: | | CITY ▲ | 1 | ATE ▲ | ZIP CODE ▲ |
| | Austin | | | | 768-2246 |
| | | | | | |
| Mailing Address | PO Box 2246 | 6 | | | |
| | | | | | |
| Texas Associatio | n of Realtors | s Federal PAC | | | |
| Name of Any Connected | Organization, / | Affiliated Committee, Joint | Fundraising Repres | entative, or Le | adership PAC Sponso |
| 4 | | | FEC ID nu | mber C | |
| 1 | | | FEC ID nu | | |
| 3. | | | FEC ID nu | | |
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

| | ng Participant: | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| • | of Realtors Federal PAC | raising Representative | e, or Leadership PAC Spon |
| | | | |
| Mailing Address | 5750 Lincoln Drive | | |
| | | | |
| | Edina | MN | 55436-1663 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | foliance and a selection of the second secon | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| | fy by name, address (phone number – optional) | | |
| Full Name | fy by name, address (phone number – optional) | | |
| Full Name | | | |
| Full Name | CITY | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY A cries: List all banks or other depositories in which | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc. | CITY A cries: List all banks or other depositories in which | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc. | CITY A cries: List all banks or other depositories in which | elephone Number | |